

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC Approved  
11/20/12 TRC

PRINTED: 11/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  448393	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  10/31/2012
NAME OF PROVIDER OR SUPPLIER  BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  This Comparative Federal Life Safety Code (LSC) Survey was conducted on October 31, 2012. It was conducted as per the requirements of the Federal Register at 42CFR 483.70 (a) using the existing Health Care Section of the 2000 edition of the LSC and its referenced publications. This building was Type V (000), completely sprinklered and housed 141 beds. On the day of survey, census was 129.  The deficiencies determined during the survey are as follows:  K 046 SS=D NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1 1/2 hour duration is provided in accordance with 7.9. 19.2.9.1.  This STANDARD is not met as evidenced by: Based upon observation and staff interview during the survey, it was determined that the facility failed to provide emergency lighting in accordance with LSC 7.9. The findings included:  Approximately at 12:45 PM, it was observed that Bridge and East hall exit discharge locations did have emergency lighting to the public way. This deficient practice affected 60 residents.  This was verified with maintenance staff at the time of discovery.	K 000	Disclaimer:  The Bridge at Monteagle does not believe and does not admit that any deficiencies existed either before during or after the survey. The Facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self examination privilege which the Facility does not waive and reserves the right to assert any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.  K 046 NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1 1/2 hour duration is provided in accordance with 7.9 19.2.9.1. Residents affected: The residents of The Bridge and East Hall were affected by the cited practice. Residents potentially affected: Residents of The Bridge and East Hall have the potential to be affected by the cited practice. The facility will install emergency lighting for the discharge locations identified in accordance with LSC 7.9. Systemic measures: The maintenance director/assistant will visually inspect the emergency egress lighting monthly for proper functioning. The maintenance director/assistant will report to the administrator regarding any findings requiring repairs.	11/15/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*[Signature]*

11/15/12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 28 SECOND STREET MONTEAGLE, TN 37358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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K 048 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.  This STANDARD is not met as evidenced by: Based upon observation and staff interview during the survey, it was determined that the facility failed to provide emergency lighting in accordance with LSC 7.9. The findings included:  Approximately at 12:45 PM, it was observed that Bridge and East hall exit discharge locations did have emergency lighting to the public way. This deficient practice affected 60 residents.  This was verified with maintenance staff at the time of discovery.	K 048			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

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